Battle Plan Training: Module 6

Combat Neuropsychiatric Triage

Battle Plan Training Objectives

- The Battle Plan Training modules were developed:
  - To establish a structured training program for all Division Mental Health Section members;
  - To clarify the DMHS's tactics, techniques and procedures in Combat Stress Control operations.

Module 6 Objectives

- Combat Neuropsychiatric Triage
  - Definition
  - Difference from Surgical Triage
  - Review of Triage Categories
  - Flow Diagram for Triage
- Combat NP Triage Considerations

Additional Resources

- During review of this Module, consult *Field Manual 8-51, Combat Stress Control in a Theater of Operations, Chapter 6.*

- The following resources may also prove helpful:
  - *FM 22-51, Leaders' Manual for Combat Stress Control*
  - *FM 8-55, Planning for Health Service Support*

Combat Neuropsychiatric Triage

Definition of Triage

- Combat NP Triage is the sorting of Battle Fatigue, NP and substance abuse cases based on how far forward they can be managed and treated to maximize rapid RTD.

Difference from Surgical Triage

- Surgical Triage separates cases into Immediate, Minimal, Delayed and Expectant--based on how soon, if at all, they will go to surgery.
- In Surgical Triage, stress-related and NP casualties would all be categorized as Minimal because they never go to surgery.

Combat NP Triage

- NP Triage is critical because
  - Delayed treatment of BF can result in lifelong psychiatric disability.
  - Immediate treatment can restore most soldiers to their baseline condition.
  - In a few cases, NP soldiers can be potentially dangerous.

Combat NP Triage

- Combat NP Triage is based on PIES:
  - Proximity, Immediacy, Expectancy and Simplicity
- Casualties are treated at the most forward feasible echelon.
  - The decision on where to send the casualty is determined on whether he can be safely managed with simple treatment.
  - If unmanageable, a casualty is sent rearward to the next higher echelon where the decision process is repeated.

Combat NP Triage

- NP Triage Categories
  - DUTY
  - REST
  - HOLD
  - REFER
- A soldier's category is determined by
  - Symptoms
  - Tactical situation
  - Treatment resources available
  - Response to treatment

DUTY

- Cases are returned to their original unit for light duty with extra rest and replenishment.
- This option depends upon the small unit's mission, resources and the casualty's symptoms.
  - Keep in mind, maneuver units position in forward areas can only have personnel capable of full duty.

REST

- Cases are not immediately returned to their small units.
  - Small units usually cannot provide an adequate environment for this level of rest.
  - These cases do not require close medical or mental health observation.
  - A non-medical CSS element (which supports the original unit) can usually provide respite and replenishment.

HOLD

- These cases require close medical observation.
  - Symptoms may be too disruptive for non-medical units.
  - Symptoms require ruling-out a medical/ surgical/NP cause.
- Treatment requires professional expertise.

REFER

- These cases present problems similar to the HOLD category.
  - These cases are too disruptive and burdensome for a lower medical echelon given its mission and resources.
  - A lower medical echelon cannot provide adequate treatment, thus making referral to a higher level necessary.
  - The casualty is reclassified to HOLD once he arrives at an echelon that can provide care.

Combat NP Triage

- NP Triage system is flexible
  - A casualty's category changes with response to treatment.
  - Discourages diagnosis and "patient" status
- Combat NP Triage Flow Diagram
  - Provides an algorithm for assigning a casualty to a particular NP Triage category and to a particular echelon for care.
  - Refer to FM 8-51, Chapter 6, page 3 for details.

Combat NP Triage Considerations

Triage Considerations

- Although diagnosis is deferred, Medical and Mental Health personnel should always be alert to physical and/or psychiatric disorders that may resemble BF.
- All REFER and HOLD cases need
  - A review of body systems
  - A quick physical examination

Triage Considerations

- Experience shows that a physical examination is often neglected for cases who have been labeled BF or NP.
- This undermines the credibility of the BF diagnosis and must not be allowed.

Triage Considerations

- Problem cases require examination by a physician with NP training. This expertise must be available no further to the rear than the DSA.
- Other mental health personnel must be trained to perform a basic physical screening exam.
  - *This training will be provided in a future session.*

Differential Diagnostic Problems

- A variety of physical and psychiatric illnesses can resemble symptoms of BF.
- Look for these illnesses when treating and consulting. Recognition may save the soldier's life.
- Review FM 8-51, Chapter 6, pages 5-15, to familiarize yourself with these common medical illnesses.

Conclusion

- Combat NP Triage must occur without delay
  - To avoid lifelong psychiatric illness
  - To hasten RTD.
- Combat NP Triage Flow Diagram outlines the triage decision-making process.
- Physical and psychiatric illness can resemble BF. Knowing how to do a basic screening physical exam is essential for all mental health personnel.